FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P95000 WS AGENCY, INC.	0020272 (7)				: 01/10 1/01/1 10 /10 1/01/1 10/1/	
Principal Plac	ce of Business	Mailing Address				/ 01 140 /1011 00110 11011 10011	
1022 NE 14 ST OCALA FL 34470		1022 NE 14 ST OCALA FL 34470-5408					
					3. Date Incorporated or Qualified 03/10/1995	3a. Date of Last R 03/04/1996	eport
2. Principal Place of Business		2a. Mailing Address	h			4. FEI Number Applied For 59-2963082 Not Applied	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				SR 75 Additional	
2		27	h		5. Certificate of Status Desired		politicitat
City & Stale		City & State	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Ζφ 24]	Country 25	Zip 29	Count 30	ry	This corporation has liability for Florida Statutes	Yes No	. 199.032,
POV	g. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of New Re		
	/er, willet a III Nw 3rd avenue		<u> </u>	/// /// /// // // // // // // // // //	ichael A. Sier	<i>Fert</i>	
	ALA FL 34475		6:	Street Addr		Ave	
= "			8	3			
			B-	4 City	2	85 <u>Z</u> ip	Code
44 Digeriont	to the provisions of Sections 607.0	E02 and 607 15 R Florida State	toe the abo	4 City Oca	2 / A	FL 34	リロフノ
office or i	registered agent, or both, in the Sta	ale it Florida such change was	authorized l	by the corporat	poration submits this statement for the patients board of directors. I hereby acception's	pt the appointment as	registered
	anti tamina more, and according to the	THE DIFFECTION OUT LOOK, IT	IONUA OJAIVII	Micha		4/2/07	
SIGNATURE	Signature gold or outed hap a registered r		IE Registered A	gent signature requir	red when reinstating)	DATE	
12.	OFFICERS A	DELETE	13. 1.1 TITLE	- 1	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR Change	RS IN 12
T:TLE NAME	THOMPSON, WILBUR L	لسيا بالدندند	1.1 THEE 1.2 NAME			L_J Change	L. Houmon
STREET ADDRESS	1022 NE 14 ST		1	ET ADDRESS			
CITY-ST-ZiF	OCALA FL 34470		1.4 CłTY-				
T:TLE	ST					Change	Addition
NAME	THOMPSON, CAROL						
STREET ADORESS	1022 NE 14 ST	FL 64476		ET ADDRESS			
CHY-ST-ZIP	OUALA PL 344/U			/-S1-7⊮	·	Change	Addition
THTLE NAME						L.j Change	L. Noumon
STREET ADORESS			3.2 NAME 3.3 STRE	ET ADDRESS			
CITY - ST - ZIF			3.4. CITY				
THTLE		☐ DELETE	41 TITLE			☐ Change	Addition
NAME			4. 2 NAM	łE			
STREET ADORESS			4.3 STRE	ET ADDRESS			
CHY-ST ZIF	A 18th About 1955 A 18th About 1950 A 18th About	DELETE	4.4 CITY-			Change	Addition
TITLE		FT DETEIR	5.3 TITLE			L Unange	L] Addition
NAME STREET ADDRESS			5.2 NAMI	ET ADDRESS			
CITY - ST - ZIF			5.4 CITY-				
TITLE		DELETE	6.1 TITLE		······································	☐ Change	Addition
NAME			6.2 NAME	£			
STREET ADORESS			6.3 STRE	ET AODRESS		•	
CITY - ST - ZIP	<u></u>		6.4 CITY-			· · · · · · · · · · · · · · · · · · ·	
information	on indicated on this annual report of	or supplemental annual report is	true and acc	curate and that	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	al effect as if made un-	der oath: that